

## CHARR Worker's Compensation Program

A quote is just a fax away. The following information is required in order to provide your business with a quote:

Business Name: _____ Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/>		
Address: _____		
Current Carrier: _____ Expiration Date: _____		
Federal Employer ID No: _____ Experience Mod: _____		
Number of Employees: _____ Full Time: _____ Part Time: _____		
Contact Person: _____		
Phone Number: _____ Fax Number: _____ E-Mail _____		
<u>Class Code</u>	<u>Description</u>	<u>Payroll</u>
9058	Hotel - Restaurant	\$
9052	Hotel - All Other	\$
8810	Clerical	\$
_____	_____	\$ _____
_____	_____	\$ _____

Fax this completed worksheet to **907-258-3105** for a quote. Or, if you would like contact one of our Account Executives at **907-276-7667** or email:

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